7:Gomes M-5 (ca. 1890)1911 OC6 Iban OC6

I said in fun: "There will be plenty of room to put a pig here behind me if we manage to shoot one." The Dyaks all looked horrified, and I was told that saying such a thing as that meant with them the certainty of failure. As it happened, we succeeded in killing a wild pig, and brought it back that evening in the boat. There was much discussion among the people in the Dyak house, and they were surprised at our success after what I had said.

Madness is looked upon by the Dyaks as possession by some evil spirit. All they can do for it is to call the witch-doctors in to sing their incantations, and exorcise the evil spirit. If no good result follows, and the man is still a violent lunatic, a large wooden cage (*bubong*) is made, and the man is kept in it. This is only done in the case of dangerous and violent madmen. Harmless lunatics and idiots are allowed their freedom.

Leprosy is not unknown among the Dyaks, and occasionally cases of it are met with. There used to be a village in the Krian where there were several suffering from leprosy. When the disease is so far advanced as to make it unsafe to let them live with others in the long Dyak house, a separate little hut is put up for them at some distance away. I remember seeing a poor woman who lived by herself in this way. The people from the house would often go and see her, and take her food and water, but sometimes she would be left for days. She told me that once her fire went out, and as no one came to see her for two days, she was unable to cook any food, and had to live as best she could during that time. It must have been a lonely, unhappy life she led, and one can imagine such an one longing for death to end her troubles.

The Dyaks mark the time by the position of the sun.

9: Griffith D-5 (1953) 1955 OC6 Iban OC6

rejected on the grounds of age or height as compared with 2 out of 153 in the Second Division. Age and height are characteristics obvious to M.O. and recruiting officer alike but in the Third Division it was harder to get suitable men. This statement needs slight modification as halfway through the campaign the minimum height standard was reduced from 62 inches to 60 and the maximum age raised from 30 to 35 years. Nevertheless, even using the new standards 11 out of 351 would still have been rejected in the Third Division and only two in the Second Division.

The medical examination for each man took 8 to 12 minutes depending on whether clerical and clinical help was available. The basis of medical examination was the inter-Service PULHEEMS modified in the following respects to suit the people: no history was taken because past illnesses had rarely been diagnosed beyond the generic names of fever, bellyache or rash: the difficulties in assessing colour perception were too great for this to be done: the abdomen received more attention than normally because of the incidence of malaria: the median, personal and great auricular nerves were palpated for leprous thickening: the soles of the feet were examined for the presence of crab yaws and exercise tolerance tests were perfomed on older men.

SUMMARY OF MEDICAL FINDINGS

Place	*Kapit*	*Song*	*Kanowit*	*Lubok Antu*	*Engkilili*	*Simanggang.*	*Division III*	*Division II*
No. examined	205	93	53	105	15	33	351	153
Age and height Rejections	16	2	4	2	0	0	22	2
Total rejected	45	26	16	17	5	5	87	27
Diseases.								
Otitis media	18	7	7	2	0	3	32	5
Albuminuria	4	1	1	2	0	0	6	2
Yaws	2	6	1	9	3	2	9	14
Malaria	4	6	2	4	0	0	12	4
Hepatic enlargement ...	2	8	1	1	0	1	11	2
Thyroid enlargement ...	6	5	0	6	0	2	11	8
Respiratory disease ...	7	0	0	1	0	0	7	1
Tinea	2	0	0	0	0	1	2	1
Defective eyesight	20	10	7	5	1	2	37	8
Otitis externa	5	2	2	0	0	0	9	0
Cardiac murmurs	5	4	2	5	2	1	11	8

Other abnormalities were rare and were not of statistical interest so will be stated not tabulated:—localised muscle wasting 3, filariasis (with commencing elephantiasis) 2, primary chancre (syphilis) 1, chronic osteomyelitis 1, scars (of such a nature as to render a man unfit for service) 4, testicular atrophy 1, cysts of

9: Griffith D-5 (1953) 1955 OC6 Iban OC6

●164 the epididymis 3, varicoceles 2, unimportant bony deformities due to injury 6, gynaecomasia 1, ptosis 2, slight varicosity of leg veins 4, acne vulgaris 4, pterigium 4.

Artificial selection acted in both Divisions so it is fair to pass some comments and to draw some conclusions from these figures.

Otitis media. About one third of the cases were active i.e. with perforated eardrums and discharge; the remainder manifested themselves by scarring of the drums and chalk patches (which were indications of past infections). It appears to be three times as common in the Third Division as in the Second and relatively more common towards the large towns of Sibu and Simanggang though the figures are not large enough to prove this conclusively.

Albuminuria. Since there were no facilities for the full investigation of albuminuria all cases were rejected presuming that it denoted chronic kidney disease. There was no significant difference between the two Divisions.

Yaws. All cases presented as crab yaws; no ulcerated lesions were found. Depigmented scars were occasionally seen. All gradations from physiological hyperkeratosis of the soles of the feet to deep ulcerated fissures were discovered. A thick sole with one deep transverse fissure, not penetrating the epidermis, ¼ inch posterior to the ball of the great toe was so common that it was considered natural. Sometimes the difficulty in diagnosis lay in those cases whose deep fissure was accentuated, with a second fissure on the heel and, perhaps, one or two minor ones. I considered these not to be yaws and the criterion I took was multiple fissures, especially if ulcerated at their bases, together with pitting of the rest of the hyperkeratotic skin. It was found that crab yaws was three times as prevalent in the Second Division.

Chronic Malaria. This was diagnosed on the grounds of an enlarged spleen perhaps together with an enlarged liver. A history of recurrent fever was never obtained probably because the men were reluctant to tell me anything to their detriment. It was surprising how small the incidence of malaria was in both Divisions. In each it was slightly over 3%. But it was noticeable that those with grossly enlarged spleen—though not numerous—were inferior in build and height. It was likely that the worst chronic malarials were not chosen in the first instance. The figure of 3% cannot be taken to reflect the average incidence over the whole population especially as the men examined were of the age when previously enlarged spleens were contracting due to fibrosis.

Hepatic Enlargement. This was recorded but ignored for recruiting purposes provided it was less than 1 inch below the

9: Griffith D-5 (1953) 1955 OC6 Iban OC6

costal margin and without any other signs of disease. It was surprising how many livers were enlarged in recruits from Song (mainly Ulu Ketibas). No explanation is offered. 164 ●

Thyroid Enlargement. Goitres were not gross in size but were frequent in occurence. Half the cases were diffuse enlargements and half small adenomata localised to one part of the gland. A large goitre is not to be expected in young men but in the long-houses many of gigantic proportions were seen in old people. The striking fact about the incidence of goitre was that 17 of the 19 cases came from the up-river districts namely Kapit, Song and Lubok Antu. It may also be remarked that these places are beyond the tidal reaches; whereas Simanggang, Engkilili and Kanowit are tidal or very close to tidal reaches. Possibly the availability of salt water fish in the latter places provides sufficient iodine to prevent goitre. Sea salt is available in the long-houses in the interior but it is hardly ever added to the cooking and had to be asked for if required. Perhaps salt being so highly prized is insufficiently used.

Respiratory diseases. The signs of chest disease were usually so minimal as to be impossible to evaluate without X-ray facilities. Of the 8 cases 5 were ascribed to an acute infection and three were thought to be chronic—either tuberculosis or bronchiectasis. It was surprising considering the high rate of pulmonary tuberculosis in the Far East to find so little amongst these men. Perhaps this is because the life the Ibans lead in a long-house is a healthier one as there is far less overcrowding than in urban dwellings.

Tinea. The only cases of this aliment were tinea imbrecator or "kurap". No other skin disease was found.

Eyesight. Since 98% of recruits were illiterate special charts had to be made and standardised. The minimum visual acuity accepted was 6/9 or better in each eye and when using both eyes together at least 6/6. Only one in ten failed to attain this standard. My impression is that this is much better than National Service recruits in the U.K. Another fact that emerges is that nearly half the men who were rejected on the grounds of defective eyesight had associated diseases (such as malaria, otitis media, etc.) sufficient to exclude them in any case. One wonders if their visual acuity would have been normal if these other illnesses had not adversely affected their health. 151 164

Cardiac Murmurs. These were all systolic and were ascribed to functional causes since no cardiac enlargement or other pathology was found. Murmurs were twice as common in the pulmonary area as at the apex. Only two or three were of a harsh nature and may have denoted slight degrees of pulmonary steno- 147 164

147 sis or septal patency. In no case was the exercise tolerance test impaired. It is quite possible that some apical systolic murmurs
● 164 denoted early mitral valve lisions that might progress to stenosis. The absence of indisputable rheumatic carditis was very noteworthy in view of the fact that otitis media was moderately common and as both are closely related to streptococcal throat infections.

164 I am indebted to Dr. T. Wilson of the Institute for Medical Research, Kuala Lumpur and Capt. J. Bolton R.A.M.C. who carried out blood survey on the Sarawak Rangers when they reached Malaya for the following figures giving the incidence of filariasis.

Second Division

	Number examined.	*Cases of filariasis.*	%
Simanggang	27	9	33
Lubok Antu	80	0	0
Engkilili	10	2	20
Third Division			
Kapit	148	8	5.4
Song	59	0	0
Kanowit	48	5	10

I found two cases of early elephantiasis of the scrotum but was unable to confirm them microscopically.

Quite as interesting as the diseases found were the diseases not found that might have been expected. No leprosy was encountered. Only two men appeared slightly anaemic despite the amount of hookworm infestation that is prevalent in the East.
[732] Physical deformities like kyphosis, scoliosis and limb shortening due to fractures were striking by their absence. Only three cases had muscle wasting that might have been attributable to poliomyelitis or encephalitis. No hydroceles or varicoceles were met with, yet in the U.K. about one in twenty males have varicoceles. Only one man had an inguinal hernia—a common condition among English recruits. Veneral disease is hard to diagnose without laboratory aid; one primary chancre was seen but no other manifestation of syphilis. Gonorrhoea (as diagnosed by visible de-
[146] posit in the urine) was absent. But V.D. is notoriously easy to conceal. None of the numerous vitamin deficiency diseases were seen.

141 *Height and Weight.* The average heights of recruits at the various towns were as follows:—

		Number
Kanowit	63.9 inches	53
Simanggang	63.4 "	33
Song	63.3	93
Kapit	63.4	205
Engkilili	63.1	15

9: Griffith D-5 (1953) 1955 OC6 Iban OC6

and the general average 63.45 inches. These figures are all a little too high because of the selection by the recruiting officers and I would estimate the right correction to be a reduction of 0.2 or 0.3 inches.

In 1901 A. C. Haddon F.R.S. did a survey of the physical characteristics of the Ibans in all areas and found the average height to be 62.7 inches. Dr. Haddon examined 56 Ibans and with this comparatively small number it is not justified to compare the two averages through the age distribution was roughly the same.

The average weights were:—Song 126 lbs. Simanggang 119. 5 lbs. Engkilili 115 lbs. In other districts the scales used were found to be inaccurate so invalidating the results. The average weight is 120 lbs for a man of 25 years.

Palangs. A palang is a piece of bone transfixing the glans penis and usually passing through the urethra. Its purpose is to give the wife greater satisfaction in sexual intercourse. Many primitive people use similar devices. At first I kept no records of their prevalence but my recollection is that in Kapit area 30-40% had them or had perforations for them (perhaps having politely removed them for medical examination.). In Song 1 in 46 in Lubok Antu 2 in 105 and Simanggang and Engkilili none at all. Of those that had palang most were made of bone, but some had slivers of rattan curling up at both ends and others were of wood or brass. The incidence of palangs corresponds very well with my impression of the type of men, i.e those from Kapit still retaining their long hair, multiple tattoos and the sirat instead of European shorts and trousers and being altogether less influenced by civilisation.

Another characteristic of the less westernised Ibans was their extreme shyness in exposing their sexual organs whether wearing palangs or not.

During my tour I spent some time living in long-houses and going round hospital wards in the two Divisions and found that the pattern of disease I saw differed little from what I had found examining recruits.

Naturally a casual observer sees nothing of the mortality among infants nor can he assess the mortality and morbidity among the Ibans. But my impression after examining more than 500 of them is that the health of recruits is extremely good and compares very favourably with National Servicemen in England.

I am grateful to the A.D.M.S. Malaya for permission to publish this article.

14: Howell M-5 (ca. 1900) 1900 OC6 Iban OC6

DYAK NAME.	MEANING.
681	
*4. *Sa uta, skalika delapan singkap mangkok, skalika dua singkap pinggai.*	One *uta* or eight cups, or two plates.
*5. *Dua uta, skalika anamblas singkap mangkok, skalika ampat singkap pinggai.*	Two *uta* or eight cups, or two plates.
*6. *Tiga uta, skalika anam singkap pinggai, skalika sigi irun.*	Three *uta* or six plates, or one *irun* jar.
*7. *Ampat uta, skalika delapan singkap pinggai, skalika sigi mennkol.*	Four *uta* or eight plates or one *mennkol*.
*8. *Lima uta, skalika sapuloh singkap pinggai, skalika sigi jabir.*	Five *uta* or ten plates or one *jabir*.
9. *Dua igi jabir, skalika sigi panding* ...	Two *jabir* jars or one *panding*.
10. *Dua igi panding, skalika sigi alas* ..	Two *panding* or one *alas*.
11. *Dua igi alas, skalika sigi rusa* ...	Two *alas* jars or one *rusa*.
12. *Dua igi rusa, skalika sigi menaga* ...	Two *rusa* jars or one *menaga*.
13. *Dua igi menaga, skalika sigi mingka.*	Two *menaga* jars or one *mingka*.
*NOTE—*Tiga singkap pinggai sigi uta, enti ntang darah.*	Three plates are equal to an *uta*, if the offence be bloodshed.

XXVII. Pemaioh pemedis Mensia—Various Human Ailments.

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[NOTE.—The Dyaks name the various complaints of the human body in the most vague and careless manner. The symptom of a disease is often given as the name of the complaint: and when two diseases have more or less similar symptoms it is found that there is only one name for them both (e.g., Dysentery and Piles are both called *bira ka darah*).

Even the *Manang*, who profess to cure diseases, very frequently diagnose a case as *pansa ntai* (passed by something) meaning that the patient has been affected by some evil spirit that has gone by.

From the above it can be easily understood that there is great difficulty in giving the proper medical terms for Dyak diseases.

We are indebted to A. J. G. Barker, Esq., Principal Medical Officer of Sarawak, for some useful hints and information in preparing this list for publication].

Abi, a wound.

Agu, dumb, idiotic, used of a 'natural.'

Alar (the Malay *alar-alar*), the condition of inflammation of a lymphatic duct in the leg or thigh, or both, running up to the groin and causing enlargement of one or more of the glands there. It is one of the manifestations of Filariasis (a disease due to a nematode worm called Filaria Bancrofti the embryos of which are found in large numbers in the blood). Frequent attacks of this may eventually result in Elephantiasis.

Angai, hot, feverish symptoms.

Bajong, rheumatic pains, paralysis.

Bakal, a wound.

Bara, an abscess, tumour.

Batok, a cough. *Batok muntah ka dara*, consumption or phthisis (literally, cough and vo mitting blood). *Batok rangkai*, a cough, whooping cough, (literally, dry cough).

Bebali, blood poisoning, bone disease.

Bebirin, see *tabin bebirin*.

Beging, bingking, or *ribut kaban*. boils attacking the head only.

Bejuak, colic.

Bengal or *bengral*, deaf.

Bengeh, asthma.

Bengkak, a swelling, tumour. *Bengkak ngoli*, a gumboil.

Benta, general weakness, sometimes Amenorrhœa.

Bentan, a swelling of the stomach (probably dropsy in some form), pain.

Berngoh or *berngus*, mumps.

Besut, blind.

Betangkal, to have patches on the skin or *kurap*, see *tangkal lusong*.

Betu, a burn, scald.

Bingking see *beging*.

Bingung, giddy.

Bira ka darah, dysentery, piles.

Bisu, dumb.

Blang, the mottling of the hands or feet due to loss of pigment in the skin (*leucoderma*). This is usually seen on the palms and soles.

Bubok, an itching or sores on the head caused by some insects.

Bunga (or *bungai*) *kayu*, small-pox.

Burut, orchitis.

Buta, blind.

Butir, a wart.

Chelap, cold. *Sakit chelap*, a chill.

Chirit, diarrhœa.

14: Howell M-5 (ca. 1900) 1900 OC6 Iban OC6

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Demam, ague.
Dilah rusa, see *alar*.
Dugal, distension of the gall bladder (due to gall stones).
Enda datai kain, amenorrhœa.
Enda datai kamah, amenorrhœa.
Engkechong, an ulcer.
Gegar, to shiver, shake, have ague-fever.
Gegutak, see *gutak*.
Gemala or *gemalus*, a syphilitic throat (usually fatal).
Gentong or *gentong prut*, a swelling of the stomach.
Gila, mad. *Gila babi*, epilepsy.
Glumut, measles.
Gutak, palsy.
Idap, sore eyes ; a relapse.
Igi bawai, enlarged glands in the groin, bubo.
Ikil, a wart.
Jaran, choleraic diarrhœa.
Jelupang, dropsy.
Juarán, see *jaran*.
Jukat, delirious.
Juling, a squint.
Kadai, a form of leprosy.
Kait, maimed, lame.
Kapak, an ulcer.
Karap, shingles.
Kedal, a bad form of *kurap*, (which see).
Kelebuan, miscarriage.
Kemih ka darah, bloody urine.
Kenyiran or *kenyenyiran*, inflammation of the breasts (*Mastitis*).
Kepi, slightly lame.
Kudong, as *sakit kudong*, leprosy.
Kurap, scorbutic humour, a tetter, ringworm, skin disease.
Kurap (or *krak*) *dulang*, or *panan*, whitish spots on the skin caused by leprous or scrofulous distempers.
Kurap badak, dhobi itch.
Kuris, the itch.
Lambor, a form of fever. *Lambor api*, a severe form of fever, high fever when the skin is hot and dry, commonly known as "the hot stage" of ague. *Lambor nga*, the reverse of *L. api*, "the cold stage" of ague.
Lau, leprosy.
Laso, pain in the wrist.
Lengat, dysenteric diarrhœa when the motions contain blood and pus in addition to fœcal matter.
Lengit, see *lengat*.
Lukus, see *betu*.
Lundong, an intestinal worm.
Lusong, skin disease (see *kurap*).
Mara, a disease, a boil.
Melabat, a swelling or spots on the skin the effects of a blow or poisonous bite.
Melumpat, skin disease (probably from blood poisoning ?).
Membai, see *glumut*.
Menchal, or *mensul*, a swelling.
Menyala, itching caused by ant bites, etc.
Merjan, prickly heat.
Mulan, to menstruate.
Mutah ka darah, to vomit blood.
Ngebal, constipation.
Ngura, ague.
Nyang, an eruptive disease.
Nyerebika, a carbuncle.
Panan, see *kurap* (or *krak*) *dulang*.
Polong, the swelling that developes into an ulcer.
Parong, leprosy.
Patah tulang, a simple fracture.
Pantok ular, snake bite.
Pedis, ill, painful.
Pedis atan, pain in the (region of the) heart.
Pedis prumpong tulang, rheumatism.
Pedis mata, opthalmia, or inflammation of the eyes.
Pedis kemih, gonorrhœa, or suffering from gravel.
Pedis prut, stomach-ache.
Pedis prut beleka, cholera.
Pedis prut ngulu, see *bejnak*.
Pedis punggong, lumbago, sciatica.
Pedis rekong, stiff neck, sore throat.
Pedis rusok, pain in the side.
Pelangan, a species of framboesia (see *pui*).
Penedis, pain ; disease, ailment, soreness.
Penabin, sickness (usually feverish).
Penat, weakness and a general feeling of being tired or of malaise, numb, void of the sense of feeling.
Pengkelan, choked.
Penyakit, sickness, disease.
Perba, as *tabin perba*, ague.
Pilai, paralysis, paralyzed.
Pisa, a boil. *Pisa bruang*, a carbuncle. *Pisa padi*, a very small boil.
Prepeh, a pain, ache.
Pui, or *pui amai* (Malay *Igin*). *Framboesia* or *Yaws*. The Dyaks speak of four different kinds of Yaws, viz. *Pui api*, *P. ari*, *P. malau*, *P. tekuyong*.
Punti, poisoned.
Puru, see *bunga kayu*.
Rabus, thrush.
Redak tulang, a compound fracture.
Rekak, cracks on the soles of the feet or palms of the hands.
Rembuyan batu, pain in the abdomen from which women sometimes suffer after childbirth.
Renga, cold in the head.
Ribut kaban, see *beging*.
Ridap, large boils on the head.
Riman, internal cancer.
Rumbak, ulcers from blood poisoning.
Rura, intestinal worm.
Sakit, ill, painful.
Sakit indu, gonorrhœa in the female.
Sakit lelaki ; gonorrhœa in the male.
Samak, leprosy (saribas).
Sedekan, choked.
Sedu, hiccough.
Sekut dalam, a difficulty in breathing.
Senampun, a whitlow, a poisoned wound.
Sengkubal or *prut besengkubal*, stomach ache.

14: Howell M-5 (ca. 1900) 1900 OC6 Iban OC6

● 164 192 *Setong*, a disease that attacks the nose and eats it away.

Singkong, a crooked arm.

Siong, ganglion.

Tabin, or *tabin beburin*, ill (generally feverish).

Tai lalat, a freckle or small mole.

Tampok buah, chicken-pox.

Tangkal lusong or *betangkal*, patches of skin disease.

Tara, prolapse of the womb

Teberurut, see *kelebuan*.

Tebu, a kind of sore occurring on the soles of the feet and palms of the hands.

Teganggam, lock-jaw, a stiffening of the limbs, clenching of the fists.

Tekok, goitre or Derbyshire neck.

Telik, or *telis*, a wound.

Tepelut kundong, piles.

Tepesalak, sprained.

Tilan, inflammation of the throat.

Timpang, lame.

Trong-pitan a stye on the eye-lid.

Tungkut, paralyzed.

Utan, night-blindness or *Nyctalopia*.

Ungga, see *unggan*.

Unggan, see *gerba*.

Untut, elephantiasis.

177 have become increasingly important to residents and attractions to people in rural areas. We turn now to consider these functions and their relative significance to the people of the Sibu District and beyond.

1. Medical Services

● 164 Although the Rejang Valley cannot be called an inordinately unhealthy area, neither can it be described as disease free. For, while a number of formerly serious diseases have been brought largely under control, other health problems continue to plague residents and officials.

Early reports indicate that periodic outbreaks of smallpox (puru), typhoid (sakit angat), malaria (chelap angat) and cholera (muang ai') [657] occurred. Immunization and the eradication of the anopheles mosquito has helped to bring these diseases under control, though isolated cases still are found.

Respiratory diseases, the most serious of which is tuberculosis (batok rangkai), are common, there being little understanding of the [657] etiology of the diseases among the general public. The development of a chest clinic, construction of a tuberculosis ward, and implementation of a program of immunization among school children has helped to reduce the incidence of tuberculosis and the number of fatalities due to the illness.

Health problems resulting from an impure water supply continue to plague many rural residents,[42] and water-borne diseases such as gastro-

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[42] According to an official of the Sibu Water Board, the urban water supply repeatedly has been tested by the World Health Organization and given the highest rating for purity.

enteritis (chirit) are common. According to several local doctors, gastroenterities is the main cause of deaths among infants, especially of Ibans and others in remote areas, from where they are brought in for treatment in such a dehydrated state that they are beyond help.

Other intestinal disorders such as diarrhea (chirit) and dysentery (bira' ka darah) are common. Worms (lundong) and other parasites contribute to a number of disorders, including distention of the abdomen, anemia, and a generally weakened condition in the hosts, and the incidence of parasitic infection in the indigenous population is virtually universal.

Tetanus (tegamggam) continues to be a major cause of death in many more remote Iban communities, resulting from a ritual cutting of the umbilical cord with an unsterilized bamboo silver and then smearing the end of the cord with ashes.

Leprosy (sakit lan) was the other major disease that was greatly feared by the local population, bearers being ostracized. Those who contract leprosy are sent to Kuching where a modern, well-equipped leprasarium has been constructed.

Because of these and a score of other diseases, as well as various forms of mental illness, attention has been given to treatment and prevention as funds and personnel have been available. In 1902, a clinic and dispensary was built near Fort Brooke with a dresser in charge. This was expended into a small hospital but the response of Chinese and

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"I learned the difference between 'yes' and 'no,' to be ashamed (malu), and the spirit of competition because I did not want to be defeated by my friends (enggai alah ari pangan), both of whom were very keen in school."

Berin was very close to Wilfred, Margaret and Marietta, but she did not make friends easily. The three were her only friends until she reached secondary school.

[164] In the third grade, Berin contracted typhoid fever and couldn't attend school for a month. She was seriously ill for about a week. Because of the harvest, her mother had to spend the night away and the people who had been asked to look after her didn't do so. During the night she became delirious and thrashed wildly about in her bed. Luckily the people in the next bilik heard her and came in to care for her. The people went to the farm though it was night and brought Berin's mother back, for they didn't know whether she would live. She recovered but the illness severly weakened her.

Like many Iban children, Berin was sensitive to scolding and particularly by members of her adopted family. Once while washing a glass, she dropped it and it broke on the floor. Her sister-in-law was angry with her, grabbed a piece of burning wood and stuck it onto Berin's hand. The next evening she dropped a brass lamp which fell and broke a plate. Her foster-mother got a broom and swept Berin's face with the broom.

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165 MORTALITY--death rates (crude and corrected); infant and maternal mortality; distribution of deaths (e.g., by cause, season, age, occupation, locality); life expectancy; authentic cases of extreme longevity; prevalent causes of death (e.g., illness, accident, old age); etc. See also:

Homicide 682
Mortality in warfare 727
Suicide 762
Infanticide and abortion 847

6: Freeman E-5 (1949-1951) 1958 CC6 Iban CC6

Inquiries at Rumah Nyala [12]

showed an infant mortality rate (i.e. death at birth or within the first five years of life) of approximately 0·4; and from investigations carried out at all the long-houses of our sample it would appear that about 18% of women reach menopause without having raised children of their own.[13] These are the women who, lacking issue of their own, have recourse to adoption.

Mention has already been made of the way in which an Iban family normally persists through time as an allodial unit. If this process is to continue without intermission the family must perpetuate itself; each generation must produce or acquire the children who are to inherit the *bilek* and its heirloom property in the next. It is possible for a family to fail in this task, and so become extinct. The Iban use the word *punas*, meaning 'sterile', to describe this event, as in the phrase: '*Bilek sida udah punas*' ('Their *bilek* family has become extinct'). It must not be thought, however, that the extinction of *bilek* families is a common phenomenon; on the contrary, such a happening is extremely rare, for every effort is made to avoid so ignominious a fate. In the last resort, the one or two survivors of a depleted family will seek amalgamation with some other *bilek*, but the preferred and more usual course is to augment one's dwindling family by the adoption of new members. In most cases the risk of extinction is foreseen by many years, and young children are adopted, but it does sometimes happen that adults are adopted into a family which has been stricken by disease or some other misfortune. An analysis of the fifty-three extra-*bilek* adoptions appearing in Table 4 shows that about 70% of them had been contracted by persons having no children of their own. This percentage clearly indicates the principal motive prompting adoption.

Adoption enables childless couples to escape from their undesired predicament. Moreover, the children who are adopted, as heirs apparent, can be relied upon to care for their adoptive parents in sickness and old age, and to perform the complex mortuary rites which, in Iban eyes, are of critical importance. These duties discharged, the adopted children inherit their parents' *bilek* and all the property it contains, so ensuring its survival as an independent unit. Adoption operating in this way to save a *bilek* from extinction is a not uncommon phenomenon. Thus, of the 107 *bilek* families of Rumah Nyala, Rumah Sibat and Rumah Tungku, seventeen (or approximately 16%) depended on an adoption for their future existence.

MARRIAGE

We have now briefly examined recruitment by birth and recruitment by adoption. Full membership of a *bilek* family may also be attained by marrying into it. Marriage, indeed, is a crucial determinant of *bilek* family membership. As already remarked, the Iban are a rigorously monogamous people, and

17:Bedford D-5 (1958) 1959 OC6 Iban OC6
Rumah Bujak

175 During the occupation the Japanese cut a channel through
[133] the narrow waist of a *tanjong* downriver from Simanggang. As a consequence water was diverted from a large loop of the river which dried out leaving an area of very fertile padi land. The people of Rumah Bujak settled on this land in 1943.

[423] After the occupation disputes arose regarding right of tenure of land on which the people of Rumah Bujak had settled. Several legal actions arose, as a result of which the people of Rumah Bujak were allowed to remain where they were. They also retain the rubber gardens at the site of their old house at Sungai Pinggai.

342 The present house was built in 1946. Several *langkaus* (temporary dwellings) were built alongside the house in 1955.

The original house built at Pruan contained 19 doors. Since its completion 11 *langkaus* have been built at the ends of the original longhouse.

162 The population of the longhouse was 169 at the start of the
621 investigation. During the period of investigation there were five births and one death. The death was that of a monster shortly
● 165 after birth, following a pregnancy complicated by hydramnios.

361 The house is built on low-lying tidal swamp. On two or three days each month the ground under and about the house is
356 flooded at high tide. The rooms are small, dark and hot. Some are kept moderately clean but some are very dirty. The majority
342 of rooms have separate kitchens.

231 Animals and poultry are reared under the house. The ground underneath and around the house is liberally strewn with
364 rubbish of all descriptions. There is no formal system of sewage
514 disposal. The occupants of the house defaecate and micturate through holes in the verandah and at the rear of the rooms in the time honoured fashion. Faeces are devoured by pigs and
[231] poultry.

Agriculture

241 The people of Rumah Bujak own extremely fertile swamp
433 padi land. They grow sufficient rice for their own needs and

631 The Council is the licensee-issuing authority for all rural shops, an [443] increasing number of which are being run by Ibans. The Council derives its funds from taxes and licenses.

891 Within the last decade or so, the services of the Council have 631 been much sought by Ibans from almost every community, particularly education. The rewards that schooling brought to those who were able to get positions as teachers, Government and company clerks, whetted the always keen appetite of the Ibans for profit and opportunity, this time through education. As a result, the Council was requested by scores to longhouse communities to put a school di kaki tangga' ("at the foot of the ladder," according to Alli Majang, an officer in the 631 Education Department). In addition to responsibility for primary school 657 education, the Council also provides maternity and child care in the District, employing and training indu' bidan ("mid-wives") who either [165] are in residence or travel to rural communities. These services have [177] resulted in a significant decrease in infant mortality rates, through ante- and post-natal care, and have contributed to the new orientation of Ibans to medical facilities provided by private doctors, clinics, and hospital in Sibu.

631 The Council is composed of Councillors elected from 22 wards. [666]

164 enteritis (chirit) are common. According to several local doctors,
[165] gastroenterities is the main cause of deaths among infants, especially of Ibans and others in remote areas, from where they are brought in for treatment in such a dehydrated state that they are beyond help.

Other intestinal disorders such as diarrhea (chirit) and dysentery (bire' ka darah) are common. Worms (lundong) and other parasites contribute to a number of disorders, including distention of the abdomen, anemia, and a generally weakened condition in the hosts, and the incidence of parasitic infection in the indigenous population is virtually universal.

[165] Tatanus (tegamggan) continues to be a major cause of death in
[844] many more remote Iban communities, resulting from a ritual cutting of the umbilical cord with an unsterilized bamboo silver and then smearing the end of the cord with ashes.

Leprosy (sakit lan) was the other major disease that was greatly feared by the local population, bearers being ostracized. Those who contract leprosy are sent to Kuching where a modern, well-equipped leprasarium has been constructed.

176 Because of these and a score of other diseases, as well as various
657 forms of mental illness, attention has been given to treatment and pra-
177 vention as funds and personnel have been available. In 1902, a clinic
[178] and dispensary was built near Fort Brooke with a dresser in charge. This was expanded into a small hospital but the response of Chinese and

18:Sutlive E,M-5 (1957-1971) 1973 OC6 Iban OC6
Sibu

2. Adoption

A second way by which membership in the bilik-family is effected is through adoption (iru or ambu'; v.f., ngiru, ngambu'). Adoption is a fairly common practice among the Iban for four main reasons. First, although there is a high rate of marriage among the Iban, there also is a high rate of childlessness. Being without children gives rise to shame, and is interpreted as a curse. Many Iban women are childless due to dietary problems. Some miscarry (kelebuan) because of improper ante-natal care and excessively heavy work. Others deliver successfully, but inadequate facilities in the longhouse, together with heavy-handed procedures in achieving the passage of the baby, result in the death of the infant and, sometimes, the mother as well.[10] Post-partum practices account for a high infant mortality rate.[11] These factors and others contribute to the high incidence of childlessness among the Iban.

A second reason for the practice of adoption has been the traditional system of social security. Oriented as they have been to a non-cash economy, the Ibans have recognized the dependence of the old upon

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[10] During labor, women press upon a board placed across the abdomen of the woman delivering to help passage of the baby. In one case reported by a hospital surgeon, difficulty was encountered and a woman seized the arm of the infant, wrenching it from the socket, resulting in the death of both baby and mother.

[11] Tetanus, caused by cutting the umbilical cord with a bamboo sliver and then rubbing ash from the hearth into the naval, has been a major cause of early infant deaths.

infants of disease that formerly would have proved fatal, such as gastro-enteritis, diphtheria, as well as other alimentary and respiratory illnesses. Figures on the relative incidence of infant mortality rates are unavailable, but it may be noted that in the three houses surveyed the number of childless couples totalled only seven.

A second answer to the question is that there is less dependence felt by parents on their children. That is, as the orientation to a cash economy and achievement of regular income through employment takes place, there is less need felt for placing the parents' security in their old age on a child who may or may not be faithful to his adopted parents. The Employees Provident Fund or a private savings account is more dependable.

Although these rationalizations of the situation do not wholly suffice as explanations, and adoptions still occur in childless families as well as those with children, for the love and enjoyment children may offer, yet they are significant as perceptions of Ibans as to what appears as a change in the practice of adoption, viz., the incidence of adoption decreases closer to the urban center. More data are required, however, to substantiate or refute this hypothesis.

Adoption provides a second way to membership in the bilik-family. Adoption establishes the full rights of the new member to share in the property, to farm the land, to collect the fruit, and to all other privileges of the family.